



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
COMMISSION ON HUMAN RIGHTS

**INITIAL COMPLAINANT INTERVIEW**

Last Name, First, Middle Initial		Race	Religion	Sex	National Origin	Social Security Number	
Address			City			State	Zip Code
Telephone Number		Date of Birth		Name of Spouse			
Name of Company or Entity that discriminated against you ( <i>Employer, Union, Business, Real Estate Owner, Etc. It is important to list the correct legal name. Look for it on your paycheck, W-2 form or on other company documents.</i> )						Telephone Number	
Address			City			State	Zip Code
1. If the employer is a manufacturer, what do they manufacture OR if they provide a service, what is the service?							
2. If Respondent is an Employer, are there 6 or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. If there are 6 or more employees, are there also 15 or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Do you believe you were discriminated against because of: <i>Indicate your race, color, religion, sex, etc. by the box checked.</i>							
<input type="checkbox"/> Race or Color _____ <input type="checkbox"/> Religion _____ <input type="checkbox"/> Sex _____ <input type="checkbox"/> National Origin _____							
<input type="checkbox"/> Disability _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> Ancestry _____ <input type="checkbox"/> Retaliation _____							
5. Date of most recent act of alleged discrimination							
6. Have you filed this complaint with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date filed							
Agency filed with				Telephone Number			
Address				City		State	Zip Code
7. Name, address and phone number of someone ( <i>other than someone living at the above address</i> ) who will always know how to contact you.							
Name _____ Phone # _____							
Address _____							
_____							
8. What relief or remedy do you desire?							
9. What discriminatory action has been taken against you ( <i>when did it happen, the name and title of person who did it</i> ). Please indicate whether your complaint involves discharge, promotion/transfer, hiring, maternity/pregnancy, union representation, wages, retaliation. Use the back of this form if additional space is needed.							
10. Is the organization or person you're complaining about located within the city limits of St. Louis or Kansas City? <input type="checkbox"/> Yes <input type="checkbox"/> No							
11. Signature				Date			